



PTO/SB/519 (05-03)

Approved for use through 1/31/2004, OMB 0551-0033

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**SUPPLEMENTAL DECLARATION  
FOR REISSUE  
PATENT APPLICATION  
TO CORRECT "ERRORS" STATEMENT  
(37 CFR 1.175)**

Attorney Docket Number	ADA-119
First Named Inventor	Antonious, A.
COMPLETE	
Application Number	09/545,111
Filing Date	04/06/2000
Art Unit	3711
Examiner Name	Passaniti

**I/We hereby declare that:**

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Anthony J.		Antonious	
Inventor's Signature	<i>[Signature]</i>	Date	4-22-04
<b>Name of Second Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
<b>Name of Third Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
<b>Name of Fourth Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	

☐ Additional inventors or legal representative(s) are being named on the \_\_\_\_\_ supplemental sheets PTO/SB/02A or 02LR attached hereto.

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PTO/SB/58 (06-03)

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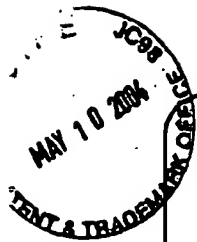
<b>REISSUE PATENT APPLICATION STATEMENT AS TO LOSS OF ORIGINAL PATENT</b>		<b>Docket Number (Optional)</b> ADA-119
I hereby state that I am the applicant for a reissue patent based on the original patent identified below.		
Name of inventor(s)/Assignee(s) Anthony J. Antonious		
Patent Number 5,735,752		
Title of invention Golf Club Shaft and Insert Therefor		
Reissue application number (if known) 09/545,111		
The ribboned original patent grant is lost or inaccessible.		
Signature <i>Anthony J. Antonious</i>		
Typed or printed name Anthony J. Antonious		Date 4-22-04
Title (e.g., inventor(s), officer of assignee) Inventor		

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PTO/SB/21 (02-04)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/545,111	
	Filing Date	04/06/2000	
	First Named Inventor	Anthony J. Antonious	
	Art Unit	3711	
	Examiner Name	Pessaniti	
Total Number of Pages in This Submission	6	Attorney Docket Number	ADA-119

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Suppl. Declaration for Reissue Patent Appl. Reissue Patent Appl. Stmt. as to Loss of Original Patent
Remarks <span style="float: right; font-size: 1.5em; transform: rotate(-15deg);"> <b>RECEIVED</b>  <b>MAY 12 2004</b>  <b>TECHNOLOGY CENTER H3700</b> </span>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Howard N. Flaxman	
Signature		
Date	5/10/04	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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